(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

OCT 19 2017

I. Name of Lobbyist(s	s)	Mark	Giu	ttre		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's	s partnership,	firm or corpor	ation, if an	y:		
	111	05				
(Nan	ne of partnership,	_	ion)		_ ,	
643 U	y 43rd	5+,,	New	York, My (State	10036	- (G) - (G)
Business Address: (Str	reet)	· (To	wn/City)	(State	e)	(Zip Code)
() <u>2/2 63</u> (Telephone)	316565	_ () <u>50</u>	(Fax)	<u>25//</u> e-mail	mgiu thre	eQups. com
III. This statement coreportable expense to					R you may file a	separate report for
All reportable tran	sactions occurr	ing in the mont	hs prior to th	ne reporting date rela	tive to the follow	wing client:
	UPS					
	(Full Name of	Client as it appea	rs on the Lob	byist Registration Form	n)	
OR ☐ All reportable trans unrelated to any partic		lobbyist (includ	ing the lobb	yist's family), or the	lobbying firm li	isted below which are
IV. Date of Report	April 26, 20			July 26, 201		
Reports cover: activ	vity from date of t		31/17	activity from 4/1/17 t	<u> </u>	
	October 25, activity from 7/1			January 31, 2 activity from 10/1/13		
V. There have been If this box is checked, Concord, NH 03301.	n no fees recei complete just th	ived and no r	eportable bmit it to the	transactions made Secretary of State's	e since the last Office, State Ho	report. \square ouse, Room 204,
VI, Check if addition	nal reports are	attached:				
If you have receiv	*		you must fil	e Addendum A– Fe	es and Expenses	\$
Expense Reimburseme	ent			ı must file Addendu		
☐ If you, your firm,	or your family	has made politi	cal contribu	tions, you must file A	Addendum C- l	Political Contributions
Sworn Statement/Afi I have read RSA 15, F and complete to the be	RSA 15-B, RSA est of my know	14-C and RSA ledge and belie	664 and he			
(Signature of lobbyis Mark (-	il)			10/1	8/2017 (Date)	_
Mark G	Fru ffre	/				

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

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(RSA Chapter 15:6)

OCT 19 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

	DEPARTMENT OF
I. Name of Lobbyist(s) Mark Gruffre	
II. Name of lobbyist's partnership, firm or corporation, if any:	
UPS	
(Name of partnership, firm or corporation)	/ / -
III. Name of Client UPS	Date 10/18/2017.
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a)\$ 3,000 b)\$ 6,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$9,000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, s, expense reimbursement, or political
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. 	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	lobbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or aff is true and complete to the best of my knowledge and belief.	
(Signature of lobbyist)	10/18/2017. (Date)
(Signature of lobbyist)	(Date)
Mark Giuffre	
(Print Name of lobbyist)	

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NEW HAMPSHIRE
DEPARTMENT OF STATE